

**Tipton County Public Library**  
**127 E. Madison Street**  
**Tipton, IN 46072**  
**765-675-8761**

**Application  
for  
Employment**

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position desired \_\_\_\_\_ Salary desired \_\_\_\_\_

Date available \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Are you 18 years of age or older? Yes No  
Are you legally eligible to work in the United States? Yes No  
Are you available to work Saturdays? Yes No  
Are you available to work evenings? Yes No  
Have you ever been dismissed for any reason? Yes No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of any crime or violation of law? Yes No

If yes, please explain \_\_\_\_\_

**Education**

	Name and Location	Dates Attended	Graduate/Degree
High School			
Trade School			
College			
Graduate School			

Do you currently hold Indiana Library Certification? Yes No If yes, what level? \_\_\_\_\_

Please list related skills, volunteer experience, or other applicable skills or experience:

\_\_\_\_\_  
\_\_\_\_\_

**Employment for last 10 years**

**Please list current or most recent employment first. Attach additional sheet if necessary**

Employer \_\_\_\_\_  
From (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Full time Part time Pay rate \$ \_\_\_\_\_ per \_\_\_\_\_  
Company address \_\_\_\_\_  
Position title \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_  
Briefly describe duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes No

Employer \_\_\_\_\_  
From (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Full time Part time Pay rate \$ \_\_\_\_\_ per \_\_\_\_\_  
Company address \_\_\_\_\_  
Position title \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_  
Briefly describe duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes No

Employer \_\_\_\_\_  
From (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Full time Part time Pay rate \$ \_\_\_\_\_ per \_\_\_\_\_  
Company address \_\_\_\_\_  
Position title \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_  
Briefly describe duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes No

**Work-related References (do not list family members or friends)**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the information in the above employment application is accurate and complete to the best of my knowledge and authorize TCPL to verify its accuracy and to obtain reference information on my work performance. I understand that, if employed, falsified statements or omission of facts on this application shall be cause for my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS APPLICATION IS VALID FOR 90 DAYS FROM THE DATE SIGNED**